

Mt. Zion Recreation Registration Form

Child's name: _____ Program: _____

Address: _____

Parent's Name: _____

City: _____ State: _____ Zip Code: _____

Mom: Home Phone: _____ Cell Phone: _____

Dad: Home Phone: _____ Cell Phone: _____

Age Group: _____ Age: _____ Birth Date: _____ Sex: M F

School: _____ Do you live in the city limits? Y N

Emergency Contact Outside of home:

Name: _____ Relationship: _____ Phone #: _____

Doctor: _____ Phone#: _____

CONSENT FOR TREATMENT

I authorize such physicians or medical staff as the Mount Zion Recreation Department may designate to carry out any medical treatment including emergency room treatment or hospital cares which may be necessary. I further authorize the hospital and its medical staff to provide medical treatment deemed necessary by them. It is understood that I will be contacted by telephone, if possible, for instruction. The physicians, organizers, officers, director, agents and employees of Mount Zion Recreation Department as well as the City of Mount Zion are hereby released, acquitted and discharged from any claim of damage during the event or program.

Signature: _____

CONSENT TO PARTICIPATE

I, the parent or guardian, of the above named minor do hereby give permission for them to participate in the above named program under the direction of the Mount Zion Recreation Department. It is my understanding that participants in these activities will be assigned to teams without regard to their personal transportation needs. I UNDERSTAND THAT MOUNT ZION RECREATION DEPARTMENT IS NOT RESPONSIBLE FOR THE TRANSPORTATION FOR ANY PARTICIPANTS IN OUR PROGRAMS. I take full responsibility for the return of any equipment, uniforms, etc. that is the property of the Mt. Zion Recreation Dept. that is assigned to my child. No rowdiness, profane language or display of un-sportsmanlike conduct will be tolerated from players, spectators, parents or coaches. Anyone failing to comply will be asked to leave the facility.

Does your child have any health related issues? Yes _____ No _____

If yes, explain _____

Signature: _____ Date: _____

Date Paid: _____

Amount Paid: _____

Received From: _____

_____ Cash _____ Check # _____

Amount Due: _____

Received By: _____